

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005095

FILED
Mar 14, 2005
Secretary of State

Entity Name: Y.E.S. OPPORTUNITIES, INC.

Current Principal Place of Business:

13889 DEL WELL BLVD
SPRUCE CREEK COUNTY CLUB
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

13889 DEL WELL BLVD
SPRUCE CREEK COUNTY CLUB
SUMMERFIELD, FL 34491

New Mailing Address:

FEI Number: 59-3656796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL C NORVELL, ATTORNEY AT LAW
1410 EMERSON STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: RICE-COBBS, DOROTHY
Address: 13889 DEL WEBB BLVD
City-St-Zip: SUMMERFIELD, FL 34491

Title: VSD () Delete
Name: JEFFERSON, MARY
Address: 9524 MIDLAND TURN
City-St-Zip: UPPER MARLBORO, MD 20772

Title: VD () Delete
Name: PAYNE, MARY
Address: 8 EAST ALEXANDRIA OVERLOOK
City-St-Zip: OXON HILL, MD 20745

Title: VCBO () Delete
Name: HOLMES, PATRICIA ANNE
Address: 4405 N INDIANHEAD RD
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY RICE COBBS

PRES

03/14/2005

Electronic Signature of Signing Officer or Director

Date